

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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MAR 1 2012

BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perea Henry T.

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 31

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Henry T. Perea

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
646 E. Beverly Way

CITY
Fresno, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____ / ____ / 11
☐ \$10,001 - \$100,000 _____ / ____ / 11
☒ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Maria Trevino

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____ / ____ / 11
☐ \$10,001 - \$100,000 _____ / ____ / 11
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Henry T. Peirea _____

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry T. Perea

► NAME OF SOURCE

Chuckchansi Economic Development Authority

ADDRESS (Business Address Acceptable)

46575 Road 417 Bldg., C Coarsegold, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

economic development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 11	\$ 138.56	meal & event ticket
1 / 11 / 11	\$ 10.47	food/beverages
7 / 28 / 11	\$ 101.60	meal & event ticket

► NAME OF SOURCE

California Chamber of Commerce

ADDRESS (Business Address Acceptable)

1215 K Street, Ste. 1400 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 11	\$ 21.17	food/beverages
4 / 14 / 11	\$ 48.64	meal
12 / 12 / 11	\$ 9.55	refreshments

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Ste. 200 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	meal
3 / 30 / 11	\$ 86.82	meal
/ /	\$	

► NAME OF SOURCE

Perez for Assembly 2012

ADDRESS (Business Address Acceptable)

777 S. Figueroa St., Ste. 4050 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 10.00	refreshments
2 / 9 / 11	\$ 84.30	jacket
/ /	\$	

► NAME OF SOURCE

California Medical Association

ADDRESS (Business Address Acceptable)

1201 J Street, Ste. 200 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 22 / 11	\$ 50.00	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

BP America, Inc.

ADDRESS (Business Address Acceptable)

1201 K Street, Ste. 1990 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 11	\$ 190.43	event tickets
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Henry T. Perea

► NAME OF SOURCE
multiple agricultural associations

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 11	\$ 108.42	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Citrus Mutual

ADDRESS (Business Address Acceptable)
512 N. Kaweah Avenue Exeter, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 26 / 11	\$ 78.95	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California New Car Dealers Assn.

ADDRESS (Business Address Acceptable)
1412 L Street, Ste. 700 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	food/beverages
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
1095 Barona Road Lakeside, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 12 / 11	\$ 60.00	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Crime Victims United

ADDRESS (Business Address Acceptable)
1415 L Street, Ste. 410 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 21 / 11	\$ 388.00	golf & golf balls
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Entertainment Software Assn.

ADDRESS (Business Address Acceptable)
575 Seventh Street NW Ste. 4300 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 18 / 11	\$ 151.30	reception & meal
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Henry T. Perea

► NAME OF SOURCE
Minorities in Law Enforcement

ADDRESS (Business Address Acceptable)
925 L Street, Ste. 850 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 22 / 11	\$ 377.50	golf
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Pharmaceutical Manufacturer's Assn.

ADDRESS (Business Address Acceptable)
1215 K Street, Ste. 970 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 409.00	range finder, hat &
/ /	\$	divot tool
/ /	\$	

► NAME OF SOURCE
Consumer Attorneys of California

ADDRESS (Business Address Acceptable)
770 L Street, Ste. 1200 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 16 / 11	\$ 67.10	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Coalition for a Safer California

ADDRESS (Business Address Acceptable)
1020 Twelfth Street, Ste. 408 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 399.00	golf club
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)
1201 K Street, Ste. 1220 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 23 / 11	\$ 411.00	spa bag, wine, blanket,
/ /	\$	jacket & shirt
/ /	\$	

► NAME OF SOURCE
Californians Allied for Patient Protection

ADDRESS (Business Address Acceptable)
1215 K Street, Ste. 2015 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 31 / 11	\$ 200.00	event ticket
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

Name

Henry T. Perea

► NAME OF SOURCE

California State University

ADDRESS (Business Address Acceptable)

2771 E. Shaw Ave., Fresno, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 1 / 11	\$ 275.00	event tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Bank of America

ADDRESS (Business Address Acceptable)

1100 North King Street, Wilmington, DE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 14 / 11	\$ 66.19	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pala Band of Mission Indians

ADDRESS (Business Address Acceptable)

12196 Pala Road Pala, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 24 / 11	\$ 437.25*	event ticket, lodging
/ /	\$	& meal
/ /	\$	

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 22 / 11	\$ 95.00	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: *\$18.00 reimbursed to source by filer

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry T. Perea

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
California Foundation of the Environment & Economy
ADDRESS (Business Address Acceptable)
Pier 35, Ste. 202
CITY AND STATE
San Francisco, CA 94134
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
n/a
DATE(S): 10 / 9 / 11 - 10 / 11 / 11 AMT: \$ 891.79
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
lodging & meals while attending public policy
roundtable

► NAME OF SOURCE
Sierra Pacific Industries
ADDRESS (Business Address Acceptable)
2771 Bechelli
CITY AND STATE
Redding, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
forest products
DATE(S): 5 / 19 / 11 - 5 / 20 / 11 AMT: \$ 206.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
forest tour transportation

► NAME OF SOURCE
California Foundation for the Environment & Economy
ADDRESS (Business Address Acceptable)
Pier 35, Ste. 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
n/a
DATE(S): 10 / 29 / 11 - 11 / 10 / 11 AMT: \$ 9397.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
lodging, meals, transportation for renewable energy,
smart meters, & natural gas vehicles study project

► NAME OF SOURCE
Timber Products Company
ADDRESS (Business Address Acceptable)
305 S. Fourth Street
CITY AND STATE
Springfield, OR
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
forest products
DATE(S): 5 / 19 / 11 - 5 / 20 / 11 AMT: \$ 113.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
forest tour transportation

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry T. Perea

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street

CITY AND STATE

Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

n/a

DATE(S): 12 / 12 / 11 - 12 / 14 / 11 AMT: \$ 795.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

lodging & meals

► NAME OF SOURCE

Applied Materials

ADDRESS (Business Address Acceptable)

3050 Bowers Avenue

CITY AND STATE

Santa Clara, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

technology

DATE(S): 7 / 25 / 11 - 7 / 26 / 11 AMT: \$ 1211.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

lodging & meals

► NAME OF SOURCE

California Correctional Peace Officers Assn.

ADDRESS (Business Address Acceptable)

755 Riverpointe Drive, Ste. 200

CITY AND STATE

W. Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

n/a

DATE(S): 7 / 22 / 11 - 7 / 23 / 11 AMT: \$ 1848.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

lodging, meals, reception

► NAME OF SOURCE

California Foundation of the Environment & Economy

ADDRESS (Business Address Acceptable)

Pier 35, Ste. 202

CITY AND STATE

San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

n/a

DATE(S): 3 / 3 / 11 - 3 / 4 / 11 AMT: \$ 416.58
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

lodging & meals for public policy roundtable

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry T. Perea

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
1095 Barona Road

CITY AND STATE
Lakeside, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
n/a

DATE(S): 5 / 12 / 11 - 5 / 12 / 11 AMT: \$ 72.58
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
transportation

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street

CITY AND STATE
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 8 / 18 / 11 - 8 / 19 / 11 AMT: \$ 485.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____